

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3						
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50						
TOTAL IND.	1					
TOTAL DEP.	7	↔	↔	↔		
TOTAL CLAIMS	8	↔	↔	↔		

	CLAIMS					
	IND	DEP	IND	DEP	IND	DEP
51						
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100						
TOTAL IND.		↔	↔	↔		
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS		↔	↔	↔		